

<i>SERFF Tracking Number:</i>	<i>ELCC-125638047</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>38959</i>
<i>Company Tracking Number:</i>	<i>PIC-IR</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Profiles</i>		
<i>Project Name/Number:</i>	<i>PIC-IR/PIC-IR</i>		

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Profiles

SERFF Tr Num: ELCC-125638047 State: ArkansasLH

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed

State Tr Num: 38959

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num: PIC-IR

State Status: Filed-Closed

Filing Type: Advertisement

Co Status: Submitted

Reviewer(s): Harris Shearer

Author: Jana Peterson

Disposition Date: 06/25/2008

Date Submitted: 05/08/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PIC-IR

Status of Filing in Domicile: Authorized

Project Number: PIC-IR

Date Approved in Domicile: 05/07/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our company is currently sponsoring the internationally televised program "Profiles in Caring", and we have developed grants available to volunteer organizations. This program is called the "Ambassadors of Caring Awards" and is awarded annually.

We have developed a campaign encouraging consumers to nominate their favorite volunteer organization for consideration for the grant. I am submitting the advertising we will be sending to inserting in newspapers.

SERFF Tracking Number:	ELCC-125638047	State:	Arkansas
Filing Company:	Equitable Life & Casualty Insurance Company	State Tracking Number:	38959
Company Tracking Number:	PIC-IR		
TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	Profiles		
Project Name/Number:	PIC-IR/PIC-IR		

Company and Contact

Filing Contact Information

Jana Peterson, Compliance Specialist	Jana.Peterson@Equilife.com
3 Triad Center	(877) 579-3782 [Phone]
Salt Lake City, UT 84180	(801) 579-3781[FAX]

Filing Company Information

Equitable Life & Casualty Insurance Company	CoCode: 62952	State of Domicile: Utah
3 Triad Center	Group Code: -99	Company Type: Life and Health
Suite 200		
Salt Lake City, UT 84180	Group Name:	State ID Number:
(801) 579-3400 ext. [Phone]	FEIN Number: 87-0129771	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	State Fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$25.00	05/08/2008	20170564

SERFF Tracking Number:	ELCC-125638047	State:	Arkansas
Filing Company:	Equitable Life & Casualty Insurance Company	State Tracking Number:	38959
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TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	Profiles		
Project Name/Number:	PIC-IR/PIC-IR		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	06/25/2008	06/25/2008

<i>SERFF Tracking Number:</i>	<i>ELCC-125638047</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>38959</i>
<i>Company Tracking Number:</i>	<i>PIC-IR</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Profiles</i>		
<i>Project Name/Number:</i>	<i>PIC-IR/PIC-IR</i>		

Disposition

Disposition Date: 06/25/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ELCC-125638047</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>38959</i>
<i>Company Tracking Number:</i>	<i>PIC-IR</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Profiles</i>		
<i>Project Name/Number:</i>	<i>PIC-IR/PIC-IR</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Transmittal		Yes
Form	Newspaper Insert		Yes

SERFF Tracking Number: ELCC-125638047 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 38959
Company Tracking Number: PIC-IR
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Profiles
Project Name/Number: PIC-IR/PIC-IR

Form Schedule

Lead Form Number: PIC-IR

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PIC-IR	Advertising Newspaper Insert	Initial		0	PIC-IR.pdf

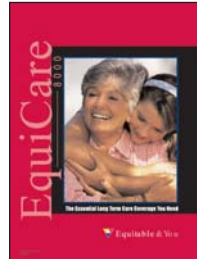
Equitable Has An Insurance Plan That Is Right For You!



Long Term Care Plans

EquiCare 2020 –

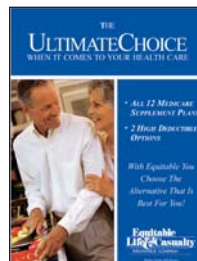
Comprehensive, affordable home care, assisted living, and nursing home coverage designed to help you live better, longer.



Long Term Care Plans

EquiCare 8000 –

Essential, quality coverage, even if you have existing health conditions, or have been denied coverage elsewhere.

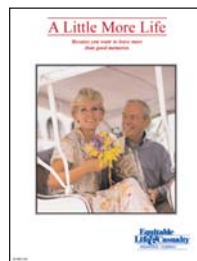


Medicare Supplement Plans

The Ultimate Choice –

You have a choice. Select the plan that is best for you. Each is guaranteed renewable for life.

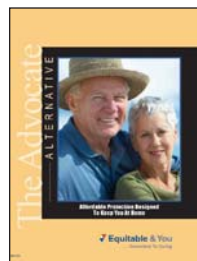
We offer quality Part D Plans.



Life Insurance Plans

A Little More Life –

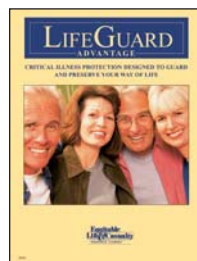
Guaranteed-to-issue, whole life with special features, options and services so you can leave more than just good memories.



Long Term Home Care Plans

The Advocate Alternative –

For those who want to be cared for at home, rather than in an institutional setting.



Critical Illness Plans

LifeGuard Advantage –

Provides you the money you need to pay everyday expenses, should a major illness or health condition strike.

Not all plans are available in all states.

“Our insurance products have helped hundreds of thousands of policyowners and their families pay for the care they need when they need it most. That’s our way to help make this world a better place.”

– Rod Ross

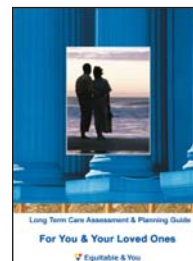
Chairman, President & CEO
Equitable Life & Casualty

Since we started in business in 1935, Equitable has not wavered from our core mission –

**To Do Well, By Doing Good
... Because We Care!**

We have earned a reputation for providing quality insurance solutions for America’s seniors. Equitable was one of the pioneers of Medicare Supplement and Long Term Care Insurance.

Today, we remain market leaders in providing insurance that eases the pressures of aging, helps secure independence and peace of mind, and protects loved ones and assets through a variety of innovative plans.



Free For Calling!

Long Term Care Assessment & Planning Guide

Call, toll free 866-937-5824 to learn more about Equitable plans

that can help you live better, longer – ease the pressures of aging, secure peace of mind, and protect your loved ones and your hard-earned assets.

Call for your free copy of our Long Term Care Assessment & Planning Guide. It will help you assess your health care needs, and answer important questions that you and your loved ones may have. It is absolutely free. An Equitable Agent may contact you.

Equitable & You
... Committed To Caring



**Reach Out Far Enough,
And You Can Touch Hearts
And Change Lives.**



Miracles Happen Through The Spirit Of Caring.

Equitable & You
... Committed To Caring



Nominate your favorite non-profit organization for the

Ambassadors Of Caring® Award.

See details inside.

Equitable – Committed To Caring For Generations

Equitable Life & Casualty Insurance Company
3 Triad Center • Salt Lake City • Utah 84180-1202 • www.EquiLife.com

PIC-IR

Nominate Your Favorite Non-Profit For The Ambassadors Of Caring™ Award!

Ambassadors Of Caring™
Award Nomination Form

Your Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
My Nomination For The Ambassadors Of Caring™ Award Is:
Name: _____
Organization: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Organization's Web Address: _____
501(c)3 Number (if known): _____
Please describe why you think your nominee should be considered for this award: _____

Mail your Ambassadors Of Caring™ Award Nomination Form to:

Profiles In Caring
P.O. Box 2460
Salt Lake City, UT 84110

Or complete the Online Nomination Form at: profilesincaring.org

This grant is made possible by
Equitable Life & Casualty Insurance Company
and Profiles In Caring.



Help Us Find The Next
Winner Of Our
Ambassadors
Of Caring™ Award.

If you know of a worthy non-profit organization that is making a real difference, nominate them for our Ambassadors Of Caring™ Award. It's easy! To submit a nomination, go to profilesincaring.org and complete the online Nomination Form, or fill out the attached Nomination Form and mail it to:

Profiles In Caring
P.O. Box 2460
Salt Lake City, UT 84110

Ambassadors Of Caring™ Award candidates and winners will be selected by an objective, non-partial panel of judges. None are employees of Equitable or Profiles In Caring.

Together, We Can Make A World of Difference!

Profiles In Caring
Watch it. Be Touched By It.
Be Inspired By It.

Thanks to the tireless efforts of individuals working through non-profit organizations, the world is simply a better place.



Rod Ross with Kimberly Perkins Klintworth, host of Profiles In Caring.

“Equitable is proud to be the national title sponsor of Profiles In Caring. This incredibly moving program is a wonderful opportunity for us to say ‘thank you’ to all those who make our world a better place.”

– ROD ROSS
Chairman, President & CEO
Equitable Life & Casualty

Profiles In Caring, in its third season, is the only internationally broadcast, weekly television program devoted strictly to volunteerism.

Each week, this incredibly moving program spotlights the good work being done by outstanding individuals and American based non-profit organizations here at home and around the world.

Each program reveals one-of-a-kind stories that showcase the commitment, dedication, challenges and courage of everyday heroes who help people in need.

These wonderfully fulfilling stories will lift your spirits and make you feel good, as you experience the joy of caring.

Easing the World's Suffering
One Life at a Time.

Imagine a life where you are not valued or respected, and you are expected to perform the most menial labor – day in and day out. That is the life of many young girls in Ethiopia. They are considered second-class citizens.

The Children of Ethiopia Education Fund is focused on bringing the gift of education to young Ethiopian girls and creating shelters for them. Changes are in progress thanks to American volunteers and sponsors. This is just one of the many heroic efforts “profiled” on Profiles In Caring.

- Here are a few others:
- Adopt-a-Native-Elder Program
 - Eye Care 4 Kids
 - One H.E.A.R.T. Tibet
 - Globus Relief
 - Surf Aid – Tsunami Relief
 - International Volunteers In Urology
 - Global Deaf Connection
 - The Children's Storefront School
 - 10,000 Villages
 - Burn Camp For Kids
 - Mothers2Mothers

Some Of The Amazing Good
Works That Will Be “Profiled”
In The Coming Months:

- Worldstock Micro Credit – Creating jobs for artisans worldwide.
- Project Angel Food – Food and companionship for HIV patients.
- Image Reborn – Physical and emotional healing for breast cancer patients.
- The Mobility Project – Wheelchairs to those in need.
- YouthLinc – Teenage volunteers serving for one year locally, then two weeks abroad.

Profiles In Caring can be seen nationwide on satellite and cable on American Life TV and the Altitude Network, and internationally on Voice Of America. To find stations and times, check local listings, or go to www.tvguide.com and search for Profiles In Caring by your zip code, or contact your provider.

Nominate Your Favorite Non-Profit Organization!
Together, We Can Make A World of Difference.

Equitable Life & Casualty Insurance Company and Profiles In Caring will recognize the outstanding work of 26 non-profit organizations (501(c)3 licensees) annually with our Ambassadors Of Caring™ Award.

Each Ambassadors Of Caring™ Award recipient will receive a charitable donation to help them continue the outstanding work they are doing. In addition to extensive press coverage, their stories will be featured on future Profiles In Caring programs.



When we start caring for others, we start living our lives to the fullest.

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<i>Company Tracking Number:</i>	<i>PIC-IR</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Profiles</i>		
<i>Project Name/Number:</i>	<i>PIC-IR/PIC-IR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *ELCC-125638047* *State:* *Arkansas*
Filing Company: *Equitable Life & Casualty Insurance Company* *State Tracking Number:* *38959*
Company Tracking Number: *PIC-IR*
TOI: *LTC06 Long Term Care - Other* *Sub-TOI:* *LTC06.000 Long Term Care - Other*
Product Name: *Profiles*
Project Name/Number: *PIC-IR/PIC-IR*

Supporting Document Schedules

Review Status:

Satisfied -Name: NAIC Transmittal 05/08/2008
Comments:
Attachment:
NAIC Uniform Transmittal PICIR.pdf

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Equitable Life & Casualty Insurance Company 3 Triad Center, Suite 200 Salt Lake City UT 84180	UT	Life & Health	000	62952	87-0129771	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jana Peterson, Compliance Specialist Equitable Life & Casualty Insurance Company 3 Triad Center, Suite 200 Salt Lake City UT 84180	1-877-579-3782	801-579-3471	Jana.Peterson@Equilife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	PIC-IR	
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous File # _____

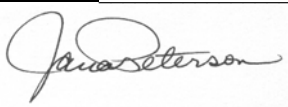
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	LTC06 Long Term Care - Other
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10.	Product Coding Matrix Filing Code	LTC06.000 Long Term Care - Other
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11.	Submitted Documents	<p><u>FORMS</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Advertising </div> </div> <p><u>RATES</u></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <p><u>FILING OTHER THAN FORM OR RATE</u></p> <p>Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>
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12.	Filing Submission Date	05/08/2008	
13.	Filing Fee (If Required)	Amount <u>25.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	05/07/2008	
15.	Filing Description:		
<p>Our company is currently sponsoring the internationally televised program "Profiles in Caring", and we have developed grants available to volunteer organizations. This program is called the "Ambassadors of Caring Awards" and is awarded annually.</p> <p>We have developed a campaign encouraging consumers to nominate their favorite volunteer organization for consideration for the grant. I am submitting the advertising we will be sending to consumers and inserting in newspapers.</p>			

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Jana Peterson</u> Title <u>Senior Compliance Specialist</u></p> <p></p> <p>Signature _____ Date <u>5-08-2008</u></p>		

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01.	Newspaper Insert	PIC-IR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Advertising			
02.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10.			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1